

## ONE HEALTH WORK GROUP CALL #6

**DATE:** Friday, November 3

**PARTICIPANTS:** Jonna Mazet, Casey Barton Behravesh, Peter Daszak, Jeff Duchin, Gail Hansen, Jim Hughes, Lonnie King, Dave Rizzo, and Mary Wilson (Absent: Kitty Cardwell, Jennifer Gardy, Eduardo Gotuzzo, Elizabeth Hermsen, Billy Karesh, and George Poste)

**STAFF:** Ayano Ogawa, Ceci Mundaca-Shah, and Anh Tran (Forum on Microbial Threats); [REDACTED] One Health Institute)

**AGENDA:** 1) Discussion on core competencies draft; 2) Discussion on One Health workforce survey outline; 3) Updates on U.S. and One Health activities; 4)Updates on related Forum on Microbial Threats activities ; 5) Next steps and action items

### KEY DISCUSSION POINTS

#### 1. Discussion on Core Competencies Draft

After Ayano welcomed the group by highlighting a few activities that work group members' institutions were doing for One Health Day, Jonna and [REDACTED] gave an overview of updates made to the latest abridged draft of the core competencies paper (the full draft has been circulated to the core competencies subcommittee<sup>1</sup>). [REDACTED] explained that additional research and keywords to identify One Health programs have been incorporated. As a result, her search results yielded at least 44 One Health programs in the U.S. Peter and Jim suggested a few other keywords to consider, such as "planetary health," "geohealth," and "medical geography." After a brief summary, [REDACTED] and Jonna opened up the conversation to solicit feedback from the work group, specifically focusing on A) exploring the value of voluntary accreditation and B) revising the current list of core competency domains.

##### A) Exploring the Value of Voluntary Accreditation

Jonna queried the work group on whether they saw any value in assembling a voluntary accreditation body for One Health programs. She referenced an [April 2016 workshop](#) hosted by the National Academies' Global Forum on Innovation in Health Professional Education, which explored innovative models of One Health accreditation globally. Most members believed voluntary accreditation would not be valuable to recommend in the paper. Specifically:

- Gail said she believed voluntary accreditation may not be needed. She noted that she was not sure what a non-obligatory version of an accrediting body would accomplish – she argued that there should be either an obligatory accreditation or no accreditation system at all. Having an accrediting body may be difficult in this situation because these One Health programs have different needs and cater towards various multiple disciplines and contexts.
- Mary agreed with Gail and said it may be premature to consider any accreditation until there is more agreement and crystallization of core aspects of One Health programs.
- Lonnie agreed that a voluntary accreditation is too much of a gray area, and having an accrediting entity is too early at this stage.

<sup>1</sup> The subcommittee includes Jonna, Jenn, Gail, George, Dave, and Mary.

**B) Revising the Core Competency Domains**

The members discussed missing components of the current list of core competency domains. Many noted that the current list should be revised, as outlined below.

i. Including a “Health” Component in the Core Competency Domains

All present members were in favor of highlighting a health science knowledge component in One Health core competencies. Specifically:

- Gail noticed the lack of health science or basic biological science component in the 7 domains as outlined by the Rome synthesis.<sup>2</sup> She suggested the need to include some kind of basic health understanding to the domains.
- Dave provided his experience with the UC Davis One Health undergraduate program, where there are biology prerequisites, so they designed a program with the assumption that students already have a basic understanding of health science when they are admitted to the One Health program.
- Jonna pointed out that students entering Master in Public Health programs may enter from a range of disciplines, and therefore, she would not assume they would have a biological health background prior to public health graduate programs, so explicitly highlighting health to the core competencies, at any degree level, could be valuable.

ii. Revising the Rome Synthesis Core Competency Domains

The discussion on a need to emphasize health science in the core competencies sparked a discussion on further revisions that should be made to the domains established in the Rome synthesis, which had been serving as the backbone of the current draft. The following issues were raised:

- Gail suggested that “roles and responsibilities” was unnecessary as a separate domain and is not a competency.
- Jeff was concerned that these domains are not One Health-specific enough, since they could easily be applicable to a general field or program. Gail agreed and wanted to emphasize how One Health competencies are different from other general competencies.
- Lonnie noted that “values and ethics” was arguably more about personality traits versus knowledge-based competencies for One Health success. He said that it might be useful describing upfront the meaning of core competencies.
- Many of the members thought that the 7 core competency domains as described in the Rome synthesis could be de-emphasized in the paper (e.g., take out Table 1) and lumped under one or two domains. Dave reminded the group of the UC Davis undergraduate One Health program again, as an example of developing new core competency domains using 3 main core competencies and 5-6 sub-competencies within each.<sup>3</sup> The group thought that this break down might be more relevant.

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<sup>2</sup> The Rome synthesis proposed 7 core competency domains: 1) Management, 2) Communication and informatics, 3) Values and ethics, 4) Leadership, 5) Team and collaboration, 6) Roles and responsibilities, and 7) Systems thinking.

<sup>3</sup> Dave gave an overview of the 3 major core competency domains: 1) Global disease issues in animals, humans, and plants; 2) Disease knowledge (e.g., epidemiology, socio-behavioral, economic sciences), and 3) Scientific research and methods (e.g., leadership and multidisciplinary approaches).

### *Other Thoughts*

Peter noted that the paper could advise groups from planetary health, ecohealth, and other disciplines that touch upon One Health concepts but that have not yet built academic programs to use the work group's proposed framework and domains. If they base their programs on a similar framework, the various (and often disparate) One Health stakeholder groups may have better communication with one another.<sup>4</sup> Lonnie added that this paper has the opportunity to make a broader case for a standardized approach to One Health education and be helpful to those groups who are about to develop One Health programs at their institutions.

## **2. Discussion on One Health Workforce Survey Outline**

Jonna asked the work group for input on the circulated workforce survey outline, as well as for additional volunteers of the subcommittee.<sup>5</sup> She also posed a question of whether the survey design should be limited to employers and graduates of One Health programs or include current students to see why they were attracted to a One Health program. [REDACTED] followed up that the survey would have a different set of questions for students and employers, and can be bifurcated for current versus graduated students.

- Mary commented that it would be helpful to track what the graduates are doing after their programs and what skills and knowledge gained from the One Health programs have been the most useful to them.
- Gail wanted to also focus on potential and real employers for hiring One Health graduates to find out why they may prefer One Health-specific graduates over other programs. She also proposed asking whether employers of current students had recommended that they seek higher education in One Health.
- Lonnie agreed on assessing the value of higher education, particularly to see if One Health was instrumental in the graduates' promotion potential or ability to secure a job after graduation.
- Jim noted the importance of surveying current students to see why they are attracted to a One Health program, what their expectations are for such a program over others, and what kinds of jobs and positions they expect after graduating from the program.
- Jonna and [REDACTED] noted that they will continue to work on the survey with the workforce subcommittee.

## **3. Updates on U.S. and One Health Activities**

Casey provided an update on the "One Health Zoonotic Disease Prioritization Workshop in the U.S." to be held December 5-7, 2017 at the HHS Office of the Assistant Secretary for Preparedness and Response in Washington, DC. The workshop convenes CDC, USDA, and Department of Interior agencies to identify a priority list of diseases for federal agency coordination, with representation from state public health, veterinary, and agricultural officials. Casey reported that their Office of General Counsel said only federal and elected officials could be designated as advisors to the meeting, so additional work group

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<sup>4</sup> This idea could also lead to another work group paper that about how disparate groups that take in One Health principles to some degree like planetary health, ecohealth, and geohealth should find ways to communicate and coordinate better with each other.

<sup>5</sup> The running list of volunteers for the workforce subcommittee includes Jonna, Casey, Gail, and possibly Tracey Dutcher (external member).

members will not attend; however, the participants plan to brief federal partners and organizations. Casey will provide the work group with a detailed update and discuss possible work group contributions and deliverables during the next work group meeting.

#### **4. Updates on Related Forum on Microbial Threats Activities**

- *Prince Mahidol Conference 2018:* Ceci offered to email interested members the agenda for a side event on AMR at the Prince Mahidol Conference in Thailand on January 30, 2018.
- *Forum's December Workshop:* Jim and Mary reported that the agenda has been finalized for the Forum on Microbial Threats December 12-13 workshop on "Urbanization and Slums: New Transmission Pathways of Infectious Diseases." The agenda and registration link to attend in person or see the webcast are available at [this link](#).
- *National Academy of Medicine's Interest Group:* Jim reported on the NAM's annual meeting interest group session on global health, infectious diseases, and microbiology on October 15. He highlighted Mary's presentation during the 2-hour session focusing on megacities and water, sanitation, and hygiene issues, and noted its relevance to the upcoming December forum workshop and as a crosscutting National Academies issue. Jim mentioned that Jonna will be succeeding him as chair of the interest group next year.

#### **5. Next Steps and Action Items**

Ayano reminded everyone that the next work group meeting will be in-person during the morning of the forum meeting's closed session on Tuesday, December 12. Ayano will let the members know the exact time (most likely between 11-11:45am ET). For members who are not available to meet in-person in Washington DC, a teleconference line will be open. If you are an external (non-forum) member, please let Ayano know whether you can make it in-person or will join by teleconference.

Action items:

##### **Work group**

- As noted above, if you are an external member, please let Ayano know if you can join the next meeting in-person or by teleconference. She will send you further details once you notify her.
- Send Ayano an email if interested in serving as a volunteer on One Health workforce deliverable.
- Send Ceci an email if interested in seeing agenda for AMR side event at Prince Mahidol Conference.

##### **Core competencies subcommittee**

- Look out for an email from █ with revised draft and provide feedback.

##### **Workforce subcommittee**

- Look out for an email from █ for next steps on One Health workforce survey.

##### **█/Jonna**

- Revise draft of core competencies paper based on work group's feedback and circulate to subcommittee and then to larger work group by early December.
- Update outline of One Health workforce survey based on work group input and circulate to subcommittee with follow-up instructions.